

Case Number:	CM14-0070886		
Date Assigned:	07/16/2014	Date of Injury:	08/07/2013
Decision Date:	09/15/2014	UR Denial Date:	05/03/2014
Priority:	Standard	Application Received:	05/16/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Preventive Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a patient with a date of injury of 8/7/13. A utilization review determination dated 5/3/14 recommends non-certification of ESI. 4/17/14 medical report identifies pain in the left lumbar spine with aching over the buttocks bilaterally and posteriorly over the hamstrings and calves laterally with burning pain of both feet. Minor numbness in the right ankle intermittently. Has been to PT without relief. On exam, the patient was very guarded with testing and the provider noted that "I'm unsure if he was going full effort with motor strength testing of lower extremities." Strength was graded 4-/5 in all muscle groups and equal bilaterally. He would give way somewhat secondary to increase of pain. There is limited ROM. Figure of four and SLR testing positive bilaterally. Tenderness was present throughout the lower thoracic and lumbar spine, SI joints, paraspinal muscles, sciatic notch, and gluteal area. There was hyposensitivity noted in the left L2-4 and right L5-S1. The patient had reported pain anywhere he has touched in the area, even with light touch. He was very guarded throughout the exam and had to be told several times to relax and not resist with doing SLR testing. He reported bilaterally pain to the thighs, feet, and knee at approximately 45-50 degrees, although this may not be accurate secondary to patient being guarded during the testing. A bilateral L5 transforaminal ESI was recommended. 1/31/14 EMG noted findings consistent with mild L5-S1 motor radiculopathy on the right side. 11/22/13 lumbar spine MRI revealed mild congenital spinal stenosis throughout the lumbar spine, degenerative bone arthritis, disk, and joint changes scattered throughout the lumbar spine with associated moderate to marked narrowing of the L5 neural foramina bilaterally and mild to moderate narrowing of the L1-4 neural foramina bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Bilateral L5 transformational epidural steroid injection with fluoroscopy and IV sedation:
Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Epidural steroid injections, diagnostic.

Decision rationale: Regarding the request for bilateral L5 transformational epidural steroid injection with fluoroscopy and IV sedation, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy. ODG supports the use of diagnostic ESI for various indications, including evaluation of a radicular pain generator when physical signs and symptoms differ from that found on imaging studies. Within the documentation available for review, the patient's subjective and objective findings are somewhat ambiguous and nonspecific. However, the EMG is consistent with mild L5-S1 motor radiculopathy on the right side and the MRI identified moderate to marked narrowing of the L5 neural foramina bilaterally. Thus, the proposed ESI is reasonable to determine whether or not the L5 is a significant pain generator. In light of the above, the currently requested Bilateral L5 Transformational Epidural Steroid Injection with Fluoroscopy and IV sedation is medically necessary.